U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



164 P 110

1. File Number U - 180 74

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	11 / 12004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Connie J Dayton	Name GCC JBT Local 7055			
	Labor Organization File Number 35 56148.			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 180 Summer St	Street \$680 Vojona Ra			
on Olivet	CITY Bottle Creek			
State ZIP Code + 4 49076	State			
5. Position in labor organization.				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	on the service of the			
City				
State ZIP Code + 4	eric (m. 1775) (
Signature Signature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true; correct; and complete. (See the see	ing documents), has been examined by the signatory and is, to the best of the			
Signed Jappin Jaylon	On 8/12/05 269 749-40/6 Telephone Number			
Form.CM-30 (2003)	Page 1 of 2			

Name of Person Filing Joinie J Jayton	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Cantoln Services Trade Name, if any: P.O. Box, Bldg., Room No., if any Street // McG//um Street City Ga/esburg State M.T. ZIP Code + 4 49053	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Dinar Meeting				
Street	11.b. Approximate dollar value of such dealing.	150			
City State ZIP Code + 4	12.a. Nature of interest held or income received.				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name Trade Name, if any:					
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	0			

Name of Person Filing / pnnie] Layton		File Number U-			
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8. Name and address of Business (including trade name, if any). Name Canteen Services	9. Business deals with:				
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any					
Street /// McCallum St	c. Employer				
City Galrsburg State MII ZIP Code + 4 49053					
	11.a. Nature of such deali	na .			
10. If 9.b. or 9.c. is checked give trust or employer's name.			y o he ha whe and defeat cheletes above management management range.		
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Trade Name, if any:	Diner a	Herward)		
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar valu	ue of such dealing.	\$100		
City	12.a. Nature of interest hel		Security of the Security of th		
State ZIP Code + 4					
	12.b. Amount.		and the second s		
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(including trade name, if any).					
Name					
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P.O. Box, Bldg., Room No., if any					
Street					
City					
State	Transmission of career proportional accounts of the Williams and	described on the second	The second secon		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	Continue of page 1990	0		